

DEPARTMENT OF VETERANS AFFAIRS HEARTLAND NETWORK (VISN 15)

 The following information is needed for non-VA providers caring for Veterans under the Veterans Access, Choice and Accountability Act, Patient-Centered Community Care (PC3) program, or Non-VA Community Care program within the VA Heartland Network (VISN 15). The information supplied will be entered into the **secure** VA provider database that is used for prescription processing.

Provider Name (Last, First, Middle):		Title (MD, DO, NP, APN, Pharm.D., etc)/Specialty:	
		1	
Gender:		Date of Birth:	
Male ☐ Female ☐			
NPI#		Taxpayer ID #:	
Individual DEA# (MUST BE INDIVIDUAL NUMBER)		DEA expiration date:	
Office Street Address:			
City:	State:		Zip Code:
Business Telephone #		Business Fax #	

2. Please fax the completed form, and any accompanying prescriptions, to the VA facility fax numbers below where the veteran receives most of their care:

Wichita VAMC: 316-651-3615 Topeka VAMC: 785-350-4737 Leavenworth VAMC: 785-350-4737 Kansas City VAMC: 816-922-3342 Columbia VAMC: 573-814-6536 St. Louis Jefferson Barracks: 314-894-5731 St. Louis John Cochran: 314-289-7042 Poplar Bluff VAMC: 573-778-4246 Marion VAMC: 618-997-8212 Evansville VAMC: 812-474-3406

3. Prescriptions for Veterans authorized to participate in the Veterans Choice program should be accompanied by a Veterans Choice Card Network Provider Authorization and Agreement form. The Veteran should provide this form at the time of the scheduled appointment. If the Veteran does not have an authorization form, please contact Tri-West at 1-855-722-2838. Ask for the Utilization Management (UM) nurse, provide the Veteran's information, and request that the authorization number or a copy of the authorization be provided to you.

Thank you for your assistance in providing safe, effective, expedient care to the Veterans of VA Heartland Network (VISN 15). A VA pharmacist will contact you for additional information, if needed.